STATE OF MAINE

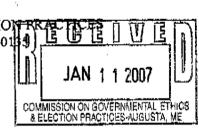


COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION Mail: 135 State House Station, Augusta, Maine 04333-01

Office: 242 State Street, Augusta, Maine

Tel: (207)287-4179 FAX: 287-6775

Website: www.maine.gov/ethics



STATEMENT OF SOURCES OF INCOME 1 M.R.S.A. §§ 1016-A et seq.

COVERING THE CALENDAR YEAR JANUARY 1, 2006 THROUGH DECEMBER 31, 2006

MAILING ADDRESS: P. O BOX 643	Please check the appropriate box and fill in the District number.
CITY: Dixfield	Member of the Senate, District 19
ZIP CODE: 04224	
PHONE NUMBER: 207-562-5972	Member of the House, District

GENERAL INSTRUCTIONS

1. Please file this statement with the Clerk of the House or the Secretary of the Senate by:

5:00 p.m. on February 15, 2007.

- 2. The report covers you, your spouse, and your dependent children.
- 3. Report only specific sources of income. *Dollar amounts need not be listed*.
- 4. Campaign contributions duly recorded as required by law need not be reported in this statement.
- Attach additional sheets if needed. Label attachments with your name, address, and the date.
- 6. Please sign on Page 4.
- 7. The completed statements will be posted as a 'pdf' on the Commission's website.
- 8. State law (1 M.R.S.A. § 1018) requires Legislators to file an updated statement with the Commission within 30 days of any change to the information relating to the preceding year. Additionally, the law (1 M.R.S.A. § 1016-B (2)) requires Legislators to make a supplementary statement to the Commission of any reportable liability within 30 days after it is incurred.

PLEASE REEP A COPY OF THIS STATEMENT FOR YOUR FILES.

Disclosure statements are made available to members of the public upon request.

Thank you for your cooperation.

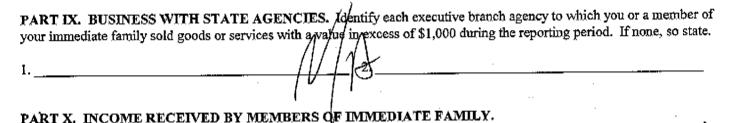
PART I. INCOME DERIVED FROM EMPLOYMENT BY ANOTHER. Name each employer from whom you received compensation of \$1,000 or more. Specify also the principal type of economic activity of each employer.

		District Transference
Name of Employer	Address	Principal Type of Economic Activity of Employer
Name of Employer	Address C	.4. />
. New Page	Kum tord	Making paper
. State of Maine	Augusta	<u> </u>
3 ,	Q .	•
	•	
Enter the name and address of ve	OM SELF-EMPLOYMENT. (For Low business, if any, and list the major and the major and the major and the second secon	negislators who are self-employed.) areas of economic activity from which you derive areas of economic activity, list the major areas of
Name and Address Maje	or Areas of Economic Activity	Major Areas of Economic Activity
of Business Entity	(self)	(partnership, association or similar business entity)
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specify only the principal type o	f economic activity of the entity or per-	ale, or an established code of professional ethics, son from whom the income was derived. Principal Type of Economic Activity of Entity or Person Who Is the
Name of Source	Address	Source of Income
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ART III. MAJOR AREAS OF PR	ACTICE. (For Legislators who are a	attorneys-at-law only.) List your major areas of
	list the major areas of practice of you	
Name and Address of Firm	<u>Major Areas of Practice</u> (self)	Major Areas of Practice (firm)
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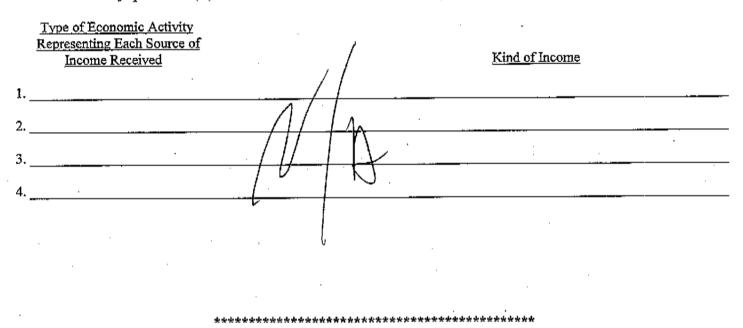
PART IV. OTHER SOURCES OF INCOME. Name each source of income of \$1,000 or more not listed in Parts I, II, or III of this form. Do not include gifts. If none, so state.

Name of Source Addres	
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ART V. DISCLOSURE OF REPORTABLE LIANA ,000 or more that you received during the reporting per thist loans from a relative. If none, so state.	BILITIES. List the names of creditors for any unsecured loans of iod, and list the major areas of economic activity of each creditor. D
	Principal Type of Economic
Name of Creditor Addre	ss of Creditor Activity of Creditor
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gregate value of more than \$300 from a single source.	pecific source of each gift of more than \$300. Include gifts with a lf none, so state. 3
RT VII. DISCLOSURE OF HONORARIA, Li	st the source of any honoraria accepted for appearances or speech
ated to your official duties. If none, so state.	3
	
ART VIII. REPRESENTATION BEFORE STAT ou represented or assisted others for compensation of an	E AGENCIES. Identify each executive branch agency before whi
A represented of assisted others for estimpting of	
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List the type of economic activity representing each source of income of \$1,000 or more received by your spouse or dependent child(rcn) during the reporting period and the kind of income represented. Do not include gifts. Indicate (S) beside sources of income received by spouse and (D) beside sources of income received by dependent(s).



The intentional filing of a false statement shall be a Class E crime. If the Commission concludes that it appears that a Legislator has willfully filed a false statement, it shall refer its findings of fact to the Attorney General. If the Commission determines that a Legislator has willfully failed to file a required statement or has willfully filed a false statement, the Legislator shall be presumed to have a conflict of interest on every question and shall be precluded from voting on any question in committee or in either branch of the Legislature, and shall not attempt to influence the outcome of any question. A Legislator who willfully fails to file a required statement is subject to a civil penalty not to exceed \$1,000, payable to the State and recoverable in a civil action. (1 M.R.S.A. § 1019)

Signature

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